

Gunnison Parks and Recreation

1st Annual

Pickleball

Tournament



MARCH 14TH & 15TH 2015

\$35 PER PERSON

Games will be held at the Gunnison Community Center and WSCU Field House



WESTERN STATE
COLORADO UNIVERSITY

INTRAMURAL SPORTS



GUNNISON PARKS AND RECREATION

Western Slope Pickleball Tournament Series

Registration Form

Name: _____ Gender: Male / Female
Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Phone #: _____ Cell Phone #: _____
Emergency Contact: _____ Phone #: _____

EVENTS

I will be playing in the following events:

Women's Doubles	2.5 <input type="checkbox"/>	3.0 <input type="checkbox"/>	3.5 <input type="checkbox"/>	4.0 <input type="checkbox"/>	Partner _____
Men's Doubles		3.0 <input type="checkbox"/>	3.5 <input type="checkbox"/>	4.0 <input type="checkbox"/>	Partner _____
Mixed Doubles		3.0 <input type="checkbox"/>	3.5 <input type="checkbox"/>	4.0 <input type="checkbox"/>	Partner _____

Note: Events may be combined depending on number of registrations in each event.

ADDITIONAL INFORMATION

My partner and I have placed in WS Tournaments in 2014. Yes _____ No _____ Place _____
I am willing to officiate some finals matches. Yes _____ Level _____

TOURNAMENT FEES

Entry Fees - \$35.00 per person - includes all divisions

Entry fee includes a lunch ticket for both days

TOTAL FEE ENCLOSED FOR TOURNAMENT \$ _____

Mail Registration Form to:

200 East Spencer Avenue

Gunnison, CO 81230

Make Checks Payable to:

City of Gunnison

Player Signature

Date

ATTACHED RELEASE WAIVER MUST BE SIGNED AND RETURNED WITH THIS FORM

Events will be held at the Gunnison Community Center and Western State Colorado University Field house. Events will start at 10:00 am on Saturday, March 14th and 9:00 pm on Sunday, March 15th. Gender doubles will be played Saturday and mixed doubles on Sunday. Teams must play at the highest player's level. Courts will be open for practice Friday evening from 6:00-8:00 pm at both locations and Saturday morning from 9:00-9:45 am. We will attempt to find partners for registered players without one.

Event fees and Sponsors will help to benefit the Fund for new outdoor Pickleball Courts. Contributions are welcome.



GUNNISON PARKS AND RECREATION

Western Slope Pickleball Tournament Series

Release Waiver

March 14th and 15th, 2015

Name : _____

Mailing Address: _____

City/State/Zip Code: _____

Phone Number: _____

Birth Date: _____

RELEASE AND INDEMNIFICATION - CITY OF GUNNISON and all EVENT VOLUNTEERS PARTICIPANT MUST READ CAREFULLY BEFORE SIGNING

In consideration for being permitted to participate in City and related party recreational programs or activities, I hereby acknowledge, represent, and agree as follows:

I understand that the activities described herein are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include, but not be limited to, bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with these activities. I have been given the opportunity to ask questions of appropriate event volunteers and personnel concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. I have received sufficient information to make an informed decision.

By signing this Release and Indemnification, I hereby expressly assume all such risks of injury, loss, or damage to me or any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the City, its officers, its employees, its volunteers or by any other cause.

By signing this Release and Indemnification agreement, I further hereby waive, exempt, release, and discharge the City of Gunnison, its officers and its employees and its volunteers, from any and all claims, demands, and actions for such injury, loss, or damage arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the City of Gunnison, its officers or its employees, or by any other cause.

I further agree to defend, indemnify, and hold harmless the City of Gunnison, its officers and employees, insurers, volunteers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the City of Gunnison, its officers or employees, insurers, volunteers, or self-insurance pool, on account of injury, loss, or damage, including without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss, or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the City of Gunnison, its officers or its employees, or by any other cause.

If the participant listed on this Registration Form is under the age of eighteen, I acknowledge that I am the parent of the above-named participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and I hereby waive and release any prospective claim of the participant against the City of Gunnison, its officers, employees, and volunteers for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above-described activities.

I understand that participants may be photographed, and give permission for such photographic use to publicize activities for the City of Gunnison Parks and Recreation Department. In the event of an emergency, I give consent for me or the participant to be treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth on this Registration Form. In such event, I shall be solely responsible for all medical expenses associated with such medical care.

This release and indemnification is executed on behalf of myself, my successors, representatives, heirs, executors, assigns, and transferees.

Participant Signature: _____ Date: _____

Emergency Contact: _____ Phone Number: _____